

Parents: Please complete this form to assist the school in meeting the specific needs of your child with diabetes. Please return to your school nurse by _____.

Diabetes School Care Plan

Child's name _____ Date of birth _____

Grade _____ Teacher _____ School _____

Type of Insulin Regimen (please circle): Humalog & NPH Humalog & Lente

Humalog & Ultralente Regular & NPH Regular & Lente Regular & Ultralente

Other: _____

Blood Glucose Monitoring

Type of meter: _____ Time(s) of day to test: _____

Location of meter: _____ Location of where to test: _____

Does child need assistance with blood glucose monitoring (please circle): Yes No

Recognition of Hypoglycemia (low blood glucose)

Symptoms typically seen: _____

Treatment of choice, provided by family: _____

At what blood glucose level should treatment be given: _____

Time of day most likely to occur: _____

Recognition of Hyperglycemia (high blood glucose)

Symptoms typically seen: _____

Treatment: Liberal bathroom privileges and increase non-caloric fluid intake.

Additional instructions for Treatment: _____

At what blood glucose level should parents be called? _____

If vomiting, call parents immediately.

Snacks

Does child require snacks during school hours? (please circle) Yes No

If yes, at what times are snacks needed? _____

List food items to be provided by family for snacks. _____

Special Parties/Field Trips

Special parties, field trips & other events will occur during the school year. How would parents like to be contacted about these events? _____

Handling special occasions at school (please circle)

My child will be responsible for making his/her own choices. Yes No

I will provide appropriate substitutions for my child. Yes No

Other School Personnel

Please check which other school personnel should be aware of this Diabetes School Care Plan.

_____ Substitute teachers

_____ Office staff

_____ Lunch room personnel

_____ Librarian

_____ Principal, Assistant Principal

_____ Bus drivers

_____ Classroom representative

_____ Other _____

Emergency Telephone Numbers

Parent/guardian name _____ Phone number _____

Parent/guardian name _____ Phone number _____

Alternate contact _____ Phone number _____

Parent signature _____ Date _____

School nurse signature _____ Date _____

Teacher signature _____ Date _____

Physician signature _____ Date _____

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